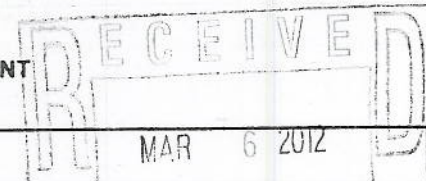


**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)



090397

| | | | |
|--|---|--|--|
| Date of Notification (1) 2/22/12 | | Name of Building Owner/Operator (2) PFIZER | |
| Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 182 Tabon Road City, State, Zip Code Monroe Plains, New Jersey Name of Contact Jim Rosa | |

| FACILITY INFORMATION | | | |
|---|--|---|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3) PFIZER | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 182 Tabon Road | | Square Feet 70,000 | # of Floors 2 |
| City (5) Monroe Plains | | Bldg. Age 38 | |
| County (6) Monroe | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Offices | |
| Name of Monitoring Firm Hired by Building Owner (8) EHT | ASCM No. | Name of Abatement Contractor (9) JW Heritage Const. Services Inc | |
| Street Address 655 West Stone Trail | | Street Address PO Box 372 | |
| City, State, Zip Code Sparta, NJ | | City, State, Zip Code Hackettstown, NJ 07840 | |
| Project Manager for Monitoring Firm Bill Kerbel | Telephone No. 973-725-5649 | Telephone No. 908-453-3307 | License No. 00768 |
| Start Date (10) 3/12/12 | Scheduled Completion Date (11) 3/21/12 | Name of OSHA Monitor EHT | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Regular Hours | | Street Address City, State, Zip Code | |

Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 ft **Abatement** ☐ Renovation ☐ Full Containment with Negative Pressure

☒ ≥ 160 sf or ≥ 260 ft **Demolition of Roof Top Unit** ☐ Mini-Enclosure ☐ Glovebag Procedure

☐ Non-Exempted (*) and Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | |
|--|---|--------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Enclosure |
| DC-9 ROOF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fiberglass insulation, 3000 sq ft X Black Mastic Finish | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|---|-------------------------------------|--|
| Name of Registered Waste Hauler Waste Management | NJDEP Waste Hauler ID No. 14723 | Cubic Yards of Waste 60 | Name of Registered Landfill TARF |
| City, State Ewing, NJ | Disposal Date 3/27/12 | City, State Tullytown, PA | |
| Completed by John Washam, Jr. President | Signature John Washam | Date 2/27/12 | |

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Paragon Job#

19815484397

| | | | |
|--|--|--|--|
| Date of Notification (1) 10/12/12 10/11/12 | | Name of Building Owner/Operator (2) Fairleigh Dickinson University (FDU) | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment Amendment # _____ <input type="checkbox"/> Emergency (include justification) <input type="checkbox"/> Cancellation | |
| Street Address 10 Woodbridge Ave. | | City, State, Zip Code Hackensack, NJ 07601 | |
| Name of Contact Dick Frick | | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|---|--|---|--|---|--|
| Name of facility where abatement is taking place (3) FDU - Madison Campus Library a.k.a. Orangerie Library | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 145 Park Ave. | | | Square Feet 25,000 sf | | |
| City (5) Florham Park | | | # of Floors 03 | | |
| County (6) Morris | | | Bldg. Age 50/90 | | |
| County Code (7) (State use only) | | | Current Use (Prior if being demolished) Library | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Design, Inc. | | ASCM No. 95 | | Name of Abatement Contractor (9) Paragon Contracting, Inc. | |
| Street Address 5434 King Ave. Suite 101 | | | | Street Address 590 River Rd. | |
| City, State, Zip Code Pennsauken, NJ 08109 | | | | City, State, Zip Code Clifton, NJ 07014 | |
| Project Manager for Monitoring Firm Jay Murray | | Phone Number 856-616-9516 | | Telephone Number (973) 614-1600 | |
| Schedule Start Date (10) 03/14/2012 | | Sched. Completion Date (11) 03/30/2012 | | License Number 00748 | |
| Name of OSHA Monitor Paragon Contracting, Inc. | | | | | |
| Street Address 590 River Rd. | | | | | |
| City, State, Zip Code Clifton, NJ 07014 | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: Facility Occupied During Abatement | | | | | |

Scope of Work (check all that apply)

| | | | |
|---|--|--|---|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-Exempted (") Non-friable procedure |

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|---|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| Orangerie Library Quiet Reading Room | | <input checked="" type="checkbox"/> | | Spray Fireproofing | 6,810 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Orangerie Library Quiet Reading Room | | <input checked="" type="checkbox"/> | | Pipe Insulation | 380 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|---------------------------|---------------------------------|--|
| Registered Waste Hauler Paragon Contracting, Inc. | NJDEP Hauler ID# 22161 | Cubic Yards of Waste 60 cyds | Name of Registered Landfill Tullytown/GROWS |
| City, State Clifton, NJ 07014 | Disposal Date TBD | City, State Tullytown, PA | |
| Completed by (Print or Type) Goran Lazevski | Title President | Signature | Date 02/29/2012 |

Date of Notification (1)
 10/21/12 8/11/12

Name of Building Owner/Operator (2)
 MARK HAAS

Street Address
 575 MAIN STREET

City, State, Zip Code
 WOODBRIDGE, NJ

Name of Contact
 MARK HAAS

Telephone Number

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification
☐ Initial
☐ Amended
 Amendment #: _____
☒ Emergency (including justification)
☐ Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
 MARK HAAS

Street Address
 575 MAIN STREET

City (5)
 WOODBRIDGE

County (6)
 MIDDLESEX

County Code (7)
 (State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)
 Street Address
 City, State, Zip Code
 Project Manager for Monitoring Firm
 Phone Number

ASCM No.

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet
 # of Floors
 Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
 D & S RESTORATION, INC.
 Street Address
 20 California Ave.
 City, State, Zip Code
 Paterson, NJ 07503

Telephone Number
 973-345-8020

License Number
 00159

Name of OSHA Monitor
 D & S Restoration, Inc.
 Street Address
 20 California Avenue
 City, State, Zip Code
 Paterson, NJ 07503

Start Date (10)
 03/01/12

Sched. Completion Date (11)
 03/09/12

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours.
 Describe: _____
☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
☒ >3 sf or >2 lf
☐ ≥160 sf or ≥260 lf
☒ Renovation
☐ Demolition

☐ Full Containment w/negative pressure
☐ Mini-enclosure
☐ Glovebag procedure
☒ Non-Exempted (*) and Non-friable procedure

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | Remove | Repair | Encap | Encl |
|--|--|----|-----|---|---------------------------|--------|--------|-------|------|
| | Yes | No | N/A | | | | | | |
| BUILDING EXTERIOR | | X | | ROOF | 400 SQ FT | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Registered Waste Hauler
 D & S RESTORATION, INC.

NJDEP Hauler ID#
 13506

Cubic Yards of Waste
 5 YDS

Name of Registered Landfill
 TULLYTOWN, RESOURCE RECOVERY

City, State
 PATERSON, NJ 07503

Disposal Date
 03/03/12

City, State
 TULLYTOWN, PA

Completed by (Print or Type)
 BOGDAN JOLDZIC

Title
 PRESIDENT

Signature

Date
 02/28/12

ASR-41

* Do not use this form for asbestos licensure exempted activities.

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| Date of Notification (1) 10/21/12 18/11/12 | | Name of Building Owner/Operator (2) MARK HAAS | | <div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED MAR 6 2012 </div> | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | Street Address 575 MAIN STREET | |
| | | City, State, Zip Code WOODBIDGE, NJ | | | | Telephone Number | |
| | | Name of Contact MARK HAAS | | | | | |

| | | | | | | | |
|--|--|--------------------------------------|---|---------------------------|-------------------------------------|----------------------------|--------------------------|
| FACILITY INFORMATION | | | | | | | |
| Name of facility where abatement is taking place (3) MARK HAAS | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | | | |
| Street Address 575 MAIN STREET | | | | | | | |
| City (5) WOODBIDGE | County (6) MIDDLESEX | County Code (7) (State use only) | | | | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) _____ | | ASCM No. | Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 License Number 00159 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 | | | | |
| Street Address _____ | | | | | | | |
| City, State, Zip Code _____ | | | | | | | |
| Project Manager for Monitoring Firm _____ | | Phone Number _____ | | | | | |
| Start Date (10) 03/01/12 | Sched. Completion Date (11) 03/09/12 | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | | | | | |
| Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p |
| | Yes | No | | | | | |
| BUILDING EXTERIOR | | <input checked="" type="checkbox"/> | ROOF | 400 SQ FT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 5 YDS | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY | | | | |
| City, State PATERSON, NJ 07503 | Disposal Date 03/03/12 | City, State TULLYTOWN, PA | | | | | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | Signature _____ | | | | | |
| Date 02/28/12 | | | | | | | |

* Do not use this form for asbestos licensure exempted activities.

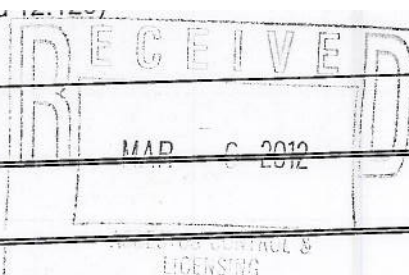
| | | | | | |
|---|--|--|--|--|--|
| Date of Notification (1) 10/13/10/11/12 | | Name of Building Owner/Operator (2) ROBERT ROOT | | Date: MAR 6 2012 | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 439 SOUTH AVENUE City, State, Zip Code WESTFIELD, NJ 07090 Telephone Number | |
| Name of facility where abatement is taking place (3) ROBERT ROOT Street Address 439 SOUTH AVENUE City (5) WESTFIELD | | County (6) UNION | | County Code (7) (State use only) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number | | ASCM No. | | Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 License Number 00159 | |
| Start Date (10) 03/02/12 | | Sched. Completion Date (11) 03/06/12 | | Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure | |
| Location of asbestos-containing material (acm) to be abated in facility (13) | | Is location normally used solely by maintenance/custodial staff (12) | | Description of asbestos-containing material (ACM) | |
| | | Yes No N/A | | Amount (Specify SF or LF) | |
| BUILDING INTERIOR (CLEAN-UP) | | X | | 30 CU YDS | |
| | | | | ROOFING MATERIAL | |
| | | | | | |
| | | | | | |
| | | | | | |
| Registered Waste Hauler D & S RESTORATION, INC. | | NJDEP Hauler ID# 13506 | | Cubic Yards of Waste 30 CU YDS | |
| City, State PATERSON, NJ 07503 | | Disposal Date 03/05/12 | | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY City, State TULLYTOWN, PA | |
| Completed by (Print or Type) BOGDAN IOLDZIC | | Title PRESIDENT | | Signature Date 03/01/12 | |

* Do not use this form for asbestos licensure exempted activities.

ASB-41

MAR. 01. 2012 (THU) 12:12

COMMUNICATION No. 25 PAGE. 1



| | | | |
|---|--|--|--|
| Date of Notification (1) 03/10/11 | | Name of Building Owner/Operator (2) ROBERT ROOT | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Street Address 439 SOUTH AVENUE City, State, Zip Code WESTFIELD, NJ 07090 | |
| Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Name of Contact ROBERT ROOT | |
| | | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|---|--|--|--|--|--|
| Name of facility where abatement is taking place (3) ROBERT ROOT | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 439 SOUTH AVENUE | | | Square Feet | | |
| City (5) WESTFIELD | | | # of Floors | | |
| County (6) UNION | | | Bldg. Age | | |
| County Code (7) (State use only) | | | Current Use (Prior if being demolished) | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | | Name of Abatement Contractor (9) D & S RESTORATION, INC. | | |
| Street Address | | | Street Address 20 California Ave. | | |
| City, State, Zip Code | | | City, State, Zip Code Paterson, NJ 07503 | | |
| Project Manager for Monitoring Firm | | | Telephone Number 973-345-8020 | | |
| Phone Number | | | License Number 00159 | | |
| Start Date (10) 03/02/12 | | | Name of OSHA Monitor D & S Restoration, Inc. | | |
| Sched. Completion Date (11) 03/06/12 | | | Street Address 20 California Avenue | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | City, State, Zip Code Paterson, NJ 07503 | | |

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

- ☐ Full Containment w/negative pressure
☐ Mini-enclosure
☐ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|---|----|-----|---|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
| | Yes | No | N/A | | | | | | |
| BUILDING EXTERIOR(CLEAN-UP) | | X | | ROOFING MATERIAL | 30 CU YDS | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|---------------------------|-----------------------------------|---|
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 30 CU YDS | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY |
| City, State PATERSON, NJ 07503 | Disposal Date 03/05/12 | City, State TULLYTOWN, PA | Date 03/01/12 |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | Signature | |

* Do not use this form for asbestos licensure exempted activities.

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

003484

| | | | |
|---|--|---|--|
| Date of Notification (1) 10/3/10 11/12 | | Name of Building Owner/Operator (2) JOSE PAGAN | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address 4 OAKCROFT AVENUE | | City, State, Zip Code UPPER MONTCLAIR, NJ 07043 | |
| Name of Contact JOSE PAGAN | | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|---|---------------------|---|---|--|-------------------------|
| Name of facility where abatement is taking place (3) JOSE PAGAN | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 4 OAKCROFT AVENUE | | | Square Feet # of Floors Bldg. Age | | |
| City (5) UPPER MONTCLAIR, | County (6) ESSEX | County Code (7) (State use only) | Current Use (Prior if being demolished) | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | Name of Abatement Contractor (9) D & S RESTORATION, INC. | | |
| Street Address | | | Street Address 20 California Ave. | | |
| City, State, Zip Code | | | City, State, Zip Code Paterson, NJ 07503 | | |
| Project Manager for Monitoring Firm | | Phone Number | Telephone Number 973-345-8020 | | License Number 00159 |
| Start Date (10) 03/12/12 | | Sched. Completion Date (11) 03/21/12 | Name of OSHA Monitor D & S Restoration, Inc. | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | Street Address 20 California Avenue | | |
| | | | City, State, Zip Code Paterson, NJ 07503 | | |

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

- ☐ Full Containment w/negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| FIRST FLOOR CLOSET | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 6 L FT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT 3 LOCATIONS | | <input checked="" type="checkbox"/> | | BARE HEATING PIPES | 3 L FT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|---------------------------|------------------------------|---|
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 1 YD | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY |
| City, State PATERSON, NJ 07503 | Disposal Date 03/13/12 | City, State TULLYTOWN, PA | Date 03/01/12 |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | Signature | |

| | | | |
|---|--|---|------------------|
| Date of Notification (1) 03/10/12 | | Name of Building Owner/Operator (2) STEVE LUCACS | |
| Agencies Notified | Type Notification | Street Address | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | 40 CEDAR AVENUE | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended | City, State, Zip Code | |
| <input checked="" type="checkbox"/> DOL | Amendment #: _____ | HIGHLAND PARK, NJ | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Emergency (including justification) | Name of Contact | Telephone Number |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | STEVE LUCACS | |

FACILITY INFORMATION

| | | | | | |
|---|-------------------------|-------------------------------------|--|-------------|-----------|
| Name of facility where abatement is taking place (3) STEVE LUCACS | | | Type of Facility (4) | | |
| Street Address 40 CEDAR AVENUE | | | <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| City (5) HIGHLAND PARK | County (6) MIDDLESEX | County Code (7) (State use only) | Square Feet | # of Floors | Bldg. Age |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | | Current Use (Prior if being demolished) | | |
| Street Address | | | Name of Abatement Contractor (9) D & S RESTORATION, INC. | | |
| City, State, Zip Code | | | Street Address 20 California Ave. | | |
| Project Manager for Monitoring Firm | | | City, State, Zip Code Paterson, NJ 07503 | | |
| Phone Number | | | Telephone Number 973-345-8020 | | |
| Start Date (10) 03/13/12 | | | License Number 00159 | | |
| Sched. Completion Date (11) 03/03/21/12 | | | Name of OSHA Monitor D & S Restoration, Inc. | | |
| Occupancy Status During Abatement (Check only one) | | | Street Address 20 California Avenue | | |
| <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | City, State, Zip Code Paterson, NJ 07503 | | |

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

- ☐ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

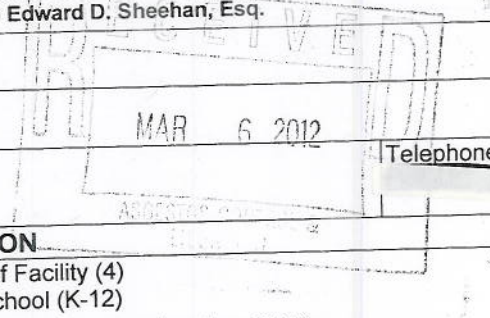
| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| BASEMENT | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 78 L FT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT | | <input checked="" type="checkbox"/> | | HEAT SHIELD | 10 SQ FT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT | | <input checked="" type="checkbox"/> | | CHIMNEY THIMBLE PACKING | 1 L FT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT 6 LOCATIONS | | <input checked="" type="checkbox"/> | | TRANSITE | 4 SQ FT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|---------------------------|-------------------------------|---|
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 2 YDS | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY |
| City, State PATERSON, NJ 07503 | Disposal Date 03/14/12 | City, State TULLYTOWN, PA | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | Signature | Date 03/01/12 |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Job #: 1109-1594
Check #: 2591

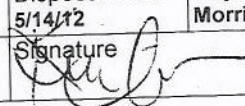
| | | | |
|--|---|---|--|
| Date of Notification (1) 3/1/12 | | Name of Building Owner / Operator (2) Camden Plaza Associates, c/o Edward D. Sheehan, Esq. | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | Street Address 511 Cooper Street | |
| | | City, State & Zip Code Camden, NJ 08102 | |
| | | Name of Contact Mr. Edward Sheehan | |
| | | Telephone Number | |



| FACILITY INFORMATION | | | |
|--|---|---|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Camden Plaza Hotel | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 500-510 Cooper Street | | Square Feet 75,000 | # of Floors 6 |
| City (5) Camden | | County (6) Camden | County Code (7) |
| Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental | | ASCM No. | |
| Street Address PO Box 316 | | Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. | |
| City, State & Zip Code Thorofare, NJ 08086 | | Street Address 3859 Sylon Blvd. | |
| Project Manager for Monitoring Firm Dave or Steve Flanigan | | Telephone Number 856-848-0800 | License Number 00862 |
| Scheduled Start Date (10) 3/14/12 | Scheduled Completion Date (11) 5/14/12 | Name of OSHA Monitor EMSL Analytical | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area | | Street Address 107 Haddon Ave. | |
| | | City, State & Zip Code Westmont, NJ 08108 | |

| | | | |
|--|---|--|---|
| Scope of Work (Check all that apply) | | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|--|--------------------------|-------------------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Roof | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Roofing | 11,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Roof | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Tar Flashing | 1,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Roof | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Transite Material | 6 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Roof | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 2,720 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Various Locations Throughout (Basement, Stairwell, 1 st , 5 th & 6 th Floor) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor Tile | 15,300 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Various Locations Throughout (Basement & 1 st Floor through 6 th Floor) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Exhaust Duct Insulation | 400 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Boiler Insulation | 300 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Holding Tank Insulation | 300 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|------------------------------------|---|--------------------------------------|
| Name of Registered Waste Hauler Horizon Disposal | NJDEP Waste Hauler ID No. 22612 | Cubic Yards of Waste 100 | Name of Registered Landfill GROWS |
| City, State Trenton, NJ | Disposal Date 5/14/12 | City, State Morrisville, PA | |
| Completed By (Print or Type) Kim Trumbetti | Title Admin. | Signature  | Date 3/1/12 |

C:\WORD\MYDOCS\ASBESTOS
9/18/00

Telephone 609-984-6620

Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2012-47

Check # 5095

| | | | |
|---|--|---|--|
| Date of Notification (1) 10/3/10/12/11/12/ | | Name of Building Owner/Operator (2) Amanda MacAlpin | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | |
| Street Address 138 Orton Road | | City, State, Zip Code West Caldwell, NJ 07006 | |
| Name of Contact Amanda MacAlpin | | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|---|--|--|--|--|------------------------|
| Name of facility where abatement is taking place (3) Amanda MacAlpin | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 138 Orton Road | | | Square Feet | | # of Floors |
| City (5) West Caldwell, NJ 07006 | | | County (6) Essex | | Bldg. Age |
| County Code (7) (State use only) | | | Current Use (Prior if being demolished) residential | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) n/a | | | ASCM No. | | |
| Street Address | | | Name of Abatement Contractor (9) B & G Restoration, Inc. | | |
| City, State, Zip Code | | | Street Address 105 Ryerson Road | | |
| Project Manager for Monitoring Firm | | | Telephone Number 973-696-6869 | | License Number 0378 |
| Sched. Start Date (10) 3/12/2012 | | | Sched. Completion Date (11) 3/12/2012 | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe: | | | Name of OSHA Monitor B & G Restoration, Inc. | | |
| | | | Street Address 105 Ryerson Road | | |
| | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |

Scope of Work (check all that apply)

- ☐ Demolition
☒ >3 sf or >3 lf
☒ Renovation
☐ ≥160 sf or ≥260 lf
☐ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Glovebag procedure
☐ Non-friable procedure

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|----|-------------------------------------|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| basement | | | <input checked="" type="checkbox"/> | pipe insulation | 48 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|---------------------------|--------------------------------|---|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 1 yard | Name of Registered Landfill Tullytown Resource & Recovery Center |
| City, State Lincoln Park, NJ 07035 | Disposal Date 3/13/12 | City, State Tullytown, PA | Date 3/2/2012 |
| Completed by (Print or Type) Gordana Luna | Title Treasurer | Signature Gordana Luna | |

B & G proj. #: 2012-49

Fax
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
*** Emergency ***

Check # 5094

Date of Notification (1)

10/31/10 12/1/12

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Name of Building Owner/Operator (2)

Hansel Youngblood

Street Address

63 Wegman Parkway

City, State, Zip Code

Jersey City, NJ 07305

Name of Contact

Hansel Youngblood



MAR 6 2012

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Hansel Youngblood

Street Address

63 Wegman Parkway

City (5)

Jersey City, NJ 07305

County (6)

Hudson

County Code (7)

(State use only)

Type of Facility (4)

☐ School (K-12)☐ Subchapter 8 (Other than K-12)☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
residential

Name of Monitoring Firm Hired by Bldg. Owner (8)

n/a

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

3/2/2012

Sched. Completion Date (11)

3/2/2012

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-
Describe:☐ Other-Describe:

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☒ >3 sf or >3 lf☐ >150 sf or >260 lf☐ Full Containment w/negative pressure☒ Glovebag procedure☒ Mini-enclosure☐ Non-friable procedureLocation of
asbestos-containing
material to be
abated in facility (13)Is location normally used solely
by maintenance/custodial
staff (12)

Yes

No

N/A

Description of asbestos-containing
material (ACM)Amount
(Specify SF or
LF)

| R e m o v e | R e p a i r | E n c a p | E n c l |
|-------------------------------------|----------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

basement

pipe insulation

30 lf

Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
1/2 yardName of Registered Landfill
Tullytown Resource & Recovery CenterCity, State
Lincoln Park, NJ 07035Disposal Date
3/5/2012City, State
Tullytown, PACompleted by (Print or Type)
Gordana LunaTitle
Treasurer

Signature

Gordana Luna

Date
3/2/2012

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2012-49

*** Emergency ***

Check # 5094

Date of Notification (1)

03/10/12

Name of Building Owner/Operator (2)

Hansel Youngblood

Agencies Notified

- ☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

- ☒ Initial
☐ Amendment
☐ Cancellation

Street Address

63 Wegman Parkway

City, State, Zip Code

Jersey City, NJ 07305

Name of Contact

Hansel Youngblood

RECEIVED
MAR 6 2012

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Hansel Youngblood

Street Address

63 Wegman Parkway

City (5)

Jersey City, NJ 07305

County (6)

Hudson

County Code (7)
(State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)

n/a

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

3/2/2012

Sched. Completion Date (11)

3/2/2012

Occupancy Status During Abatement (Check only one)

- ☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
Describe: _____
☐ Other-Describe: _____

Type of Facility (4)

- ☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial
Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
residential

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

973-696-6869

License Number

0378

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

☐ Demolition

☒ Renovation

☐ Full Containment w/negative pressure

☒ Glovebag procedure

☒ >3 sf or >3 lf

☐ ≥160 sf or ≥260 lf

☒ Mini-enclosure

☐ Non-friable procedure

Location of
asbestos-containing
material to be
abated in facility (13)

Is location normally used solely
by maintenance/custodial
staff(12)

Yes

No

N/A

Description of asbestos-containing
material (ACM)

pipe insulation

Amount
(Specify SF or
LF)

30 lf

| R e m o v e | R e p a i r | E n c a p | E n c l |
|-------------------------------------|----------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
1/2 yard

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Disposal Date
3/5/2012

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Treasurer

Signature

Gordana Luna

Date
3/2/2012

B & G proj. #: 2012-34 AmendedState of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
Sub 8
Check # 5077

Date of Notification (1)

10/21/17/11/21

Agencies Notified

- ☒
- EPA
-
- ☐
- DEP
-
- ☒
- DOL
-
- ☒
- DOH
-
- ☐
- DCA

Type Notification

- ☐
- Initial
-
- ☒
- Amendment
-
- ☐
- Cancellation

Name of Building Owner/Operator (2)

Thomas Edison State College

Street Address

101 West State Street

City, State, Zip Code

Trenton, NJ 08608-1176

Name of Contact

Mary Hack

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Kuser Mansion

Street Address

315 West State Street

City (5)

County (6)

Mercer

County Code (7)
(State use only)

Trenton

Name of Monitoring Firm Hired by Bldg. Owner (8)

Brinkerhoff Environmental

Street Address

1805 Atlantic Avenue, Suite R5

City, State, Zip Code

Manasquan, NJ 08736

Project Manager for Monitoring Firm

Phone Number

732-223-2225

Jason Hooper

Scheduled Start Date (10)

3/5/2012

Sched. Completion Date (11)

5/4/2012

Occupancy Status During Abatement (Check only one)

- ☒
- Facility closed/vacated during entire period of abatement.
-
- ☐
- Abatement performed outside of normal facility hours-
-
- Describe: _____
-
- ☐
- Other-Describe: _____

Scope of Work (check all that apply)

- ☐
- Demolition
-
- ☐
- >3 sf or >3 lf
-
- ☒
- Renovation
-
- ☒
- ≥160 sf or ≥260 lf

- ☒
- Full Containment w/negative pressure
-
- ☐
- Mini-enclosure
-
- ☐
- Glovebag procedure
-
- ☐
- Non-friable procedure

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|----|-----|---|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
| | Yes | No | N/A | | | | | | |
| Throughout bldg. interior | | X | | wall and ceiling plaster | 30,000 SF | X | | | |
| Rooms 307 and 308 | | X | | 12"x12" floor tile | 1,100 SF | X | | | |
| Basement Electric Room | | X | | Window Glazing | 10 SF | X | | | |
| Basement Telephone/Data Room | | X | | Window Glazing | 10 SF | X | | | |
| Basement Boiler Room | | X | | Transite Ceiling Panel | 50 SF | X | | | |

| | | | |
|--|-----------------------------------|-----------------------------------|---|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 200 yards | Name of Registered Landfill Tullytown Resource & Recovery Center |
| City, State Lincoln Park, NJ 07035 | Disposal Date 3/5/12 to 5/4/12 | City, State Tullytown, PA | Date 2/17/2012 |
| Completed by (Print or Type) Gordana Luna | Title Treasurer | Signature Gordana Luna | |

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2012-34 Amended #2

Sub 8

Check # 5097

Date of Notification (1)

10/3/10 12/12/12

Name of Building Owner/Operator (2)

Thomas Edison State College

Street Address

101 West State Street

City, State, Zip Code

Trenton, NJ 08608-1176

Name of Contact

Mary Hack

Telephone Number

Agencies Notified

- ☒ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

- ☐ Initial
☒ Amendment
☐ Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Kuser Mansion

Street Address

315 West State Street

City (5)

Trenton

County (6)

Mercer

County Code (7)
(State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)

Brinkerhoff Environmental

Street Address

1805 Atlantic Avenue, Suite R5

City, State, Zip Code

Manasquan, NJ 08736

Project Manager for Monitoring Firm

Jason Hooper

Phone Number

732-223-2225

Scheduled Start Date (10)

3/6/2012

Sched. Completion Date (11)

5/4/2012

Occupancy Status During Abatement (Check only one)

- ☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
Describe: _____
☐ Other-Describe: _____

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation
☐ >3 sf or >3 lf ☒ ≥160 sf or ≥260 lf

- ☒ Full Containment w/negative pressure ☐ Glovebag procedure
☐ Mini-enclosure ☐ Non-friable procedure

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| Throughout bldg. interior | | <input checked="" type="checkbox"/> | | wall and ceiling plaster | 30,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rooms 307 and 308 | | <input checked="" type="checkbox"/> | | 12"x12" floor tile | 1,100 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Electric Room | | <input checked="" type="checkbox"/> | | Window Glazing | 10 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Telephone/Data Room | | <input checked="" type="checkbox"/> | | Window Glazing | 10 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Boiler Room | | <input checked="" type="checkbox"/> | | Transite Ceiling Panel | 50 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
200 yards

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Disposal Date
3/6/12 to 5/4/12

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Treasurer

Signature

Gordana Luna

Date
3/2/2012

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2012-34

Sub 8

Check # 5064

| | | | |
|--|--|---|--|
| Date of Notification (1) <u>02/15/12</u> | | Name of Building Owner/Operator (2) <u>Thomas Edison State College</u> | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | |
| Street Address <u>101 West State Street</u> | | City, State, Zip Code <u>Trenton, NJ 08608-1176</u> | |
| Name of Contact <u>Mary Hack</u> | | Telephone Number <u></u> | |

FACILITY INFORMATION

| | | | | | |
|--|-----------------------------|--|--|--|-------------------------------|
| Name of facility where abatement is taking place (3) <u>Kuser Mansion</u> | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address <u>315 West State Street</u> | | | Square Feet <u></u> # of Floors <u></u> Bldg. Age <u></u> | | |
| City (5) <u>Trenton</u> | County (6) <u>Mercer</u> | County Code (7) (State use only) <u></u> | Current Use (Prior if being demolished) <u>Educational</u> | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) <u>Brinkerhoff Environmental</u> | | ASCM No. <u>00100</u> | Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u> | | |
| Street Address <u>1805 Atlantic Avenue, Suite R5</u> | | Street Address <u>105 Ryerson Road</u> | | | |
| City, State, Zip Code <u>Manasquan, NJ 08736</u> | | City, State, Zip Code <u>Lincoln Park, NJ 07035</u> | | | |
| Project Manager for Monitoring Firm <u>Jason Hooper</u> | | Phone Number <u>732-223-2225</u> | Telephone Number <u>973-696-6869</u> | | License Number <u>0378</u> |
| Scheduled Start Date (10) <u>3/1/2012</u> | | Sched. Completion Date (11) <u>4/30/2012</u> | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____ | | | | | |

Scope of Work (check all that apply)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable procedure |

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|---|-----|---|--|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| Throughout bldg. interior | | <input checked="" type="checkbox"/> | | wall and ceiling plaster | 30,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rooms 307 and 308 | | <input checked="" type="checkbox"/> | | 12"x12" floor tile | 1,100 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Electric Room | | <input checked="" type="checkbox"/> | | Window Glazing | 10 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Telephone/Data Room | | <input checked="" type="checkbox"/> | | Window Glazing | 10 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Boiler Room | | <input checked="" type="checkbox"/> | | Transite Ceiling Panel | 50 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Registered Waste Hauler <u>B & G Restoration, Inc.</u> | | NJDEP Hauler ID# <u>19563</u> | | Cubic Yards of Waste <u>200 yards</u> | Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u> | | | | |
| City, State <u>Lincoln Park, NJ 07035</u> | | Disposal Date <u>3/1/12 to 4/30/12</u> | | City, State <u>Tullytown, PA</u> | | | | | |
| Completed by (Print or Type) <u>Gordana Luna</u> | | Title <u>Treasurer</u> | | Signature <u>Gordana Luna</u> | | | Date <u>2/15/2012</u> | | |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Job #: 1203-1626

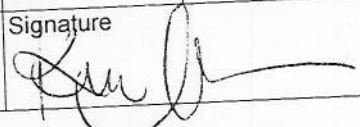
Check #: 2592

| | | | |
|--|--|---|--|
| Date of Notification (1) 3/2/12 | | Name of Building Owner / Operator (2) Springpoint @ the Atrium, Inc. | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | |
| Street Address 13 Roszel Road, Suite C-120 | | City, State & Zip Code Princeton, NJ 08540 | |
| Name of Contact Mr. Vince Celenza, C&C Construction Mgmt. | | Telephone Number [REDACTED] | |

| FACILITY INFORMATION | | | |
|---|--|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) The Atrium | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 40 Riverside Avenue | | Square Feet 140,000 | # of Floors 14 |
| City (5) Red Bank | County (6) Monmouth | Bldg. Age 1960 | |
| County Code (7) | | Current Use (Prior if being demolished) Apartment Building | |
| Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories | | Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. | |
| Street Address 3370 Progress Drive, Suite J | | Street Address 3859 Sylon Blvd. | |
| City, State & Zip Code Bensalem, PA | | City, State & Zip Code Hainesport, NJ 08036 | |
| Project Manager for Monitoring Firm Mike Panapresso | | Telephone Number 215-244-1300 | License Number 00862 |
| Scheduled Start Date (10) 3/15/12 | Scheduled Completion Date (11) 3/16/12 | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area | | Name of OSHA Monitor EMSL Analytical | |
| Street Address 107 Haddon Ave. | | City, State & Zip Code Westmont, NJ 08108 | |

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| Scope of Work (Check all that apply) | | | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | |

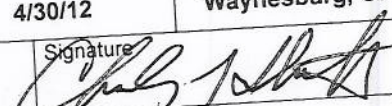
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|--------------------------|--------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| C&C Project Office | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Elbows/Fittings | 18 each | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|---|---|---|
| Name of Registered Waste Hauler Horizon Disposal | NJDEP Waste Hauler ID No. 22612 | Cubic Yards of Waste 4 | Name of Registered Landfill GROWS |
| City, State Trenton, NJ | Disposal Date 3/16/12 | City, State Morrisville, PA | |
| Completed By (Print or Type) Kim Trumbetti | Title Admin. | Signature  | Date 3/2/12 |

| | | | |
|---|--|---|--|
| Date of Notification (1) 03 / 01 / 12 | | Name of Building Owner/Operator (2) New Lisbon Developmental Center | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 104 Route 72 |
| | | | City, State, Zip Code New Lisbon, New Jersey 08064 |
| | | | Name of Contact Vijay Gandhi |
| | | Telephone Number | |

| FACILITY INFORMATION | | | |
|--|---|--|--------------------------------------|
| Name of Facility Where Abatement is Taking Place (3) New Lisbon Development Ctr Dogwood Cottage Mechanical Room | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address 104 Route 72 | | Square Feet 240 | # of Floors 1 |
| City (5) New Lisbon | | Bldg. Age 50+ | |
| County (6) Burlington | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Mechanical | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc. | | ASCM No. | |
| Street Address 120 North Warren Street | | Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation | |
| City, State, Zip Code Trenton, NJ 08508 | | Street Address 500 East Luzerne Street | |
| Project Manager for Monitoring Firm Christopher Matarazzo | | City, State, Zip Code Philadelphia, PA 19124 | Telephone No. 215-739-8166 |
| Start Date (10) 03 / 15 / 12 | Scheduled Completion Date (11) 04 / 15 / 12 | License No. 00646 | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM / _____ PM-_____ AM | | Name of OSHA Monitor SAME AS ABOVE | |
| Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |
| <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | |

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|-------------------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Mechanical Rooms | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Clean up of Dust & Debris | 240 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|--|---|--|---|-------------------------|
| Name of Registered Waste Hauler Diamond Huntbach Construction | | NJDEP Waste Hauler ID No. 19689 | Cubic Yards of Waste 3 c.y. | Name of Registered Landfill Minerva | |
| City, State Philadelphia | | Disposal Date 4/30/12 | City, State Waynesburg, OH 44688 | | Date 03/01/12 |
| Completed By (Print or Type) Charles Imbimbo | | Title Project Manager | | Signature  | |

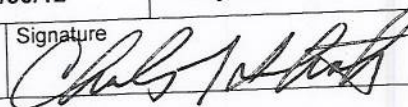
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

20795

| | | | |
|---|--|--|--|
| Date of Notification (1) 03 / 01 / 12 | | Name of Building Owner/Operator (2) New Lisbon Developmental Center | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 104 Route 72 | |
| | | City, State, Zip Code New Lisbon, New Jersey 08064 | |
| | | Name of Contact Vijay Gandhi | Telephone Number [REDACTED] |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) New Lisbon Development Ctr Quince Cottage Mechanical Room | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address 104 Route 72 | | Square Feet 240 | # of Floors 1 |
| City (5) New Lisbon | | Bldg. Age 50+ | |
| County (6) Burlington | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Mechanical | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc. | | ASCM No. | Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation |
| Street Address 120 North Warren Street | | Street Address 500 East Luzerne Street | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code Philadelphia, PA 19124 | |
| Project Manager for Monitoring Firm Christopher Matarazzo | | Telephone No. 856-427-0200 | Telephone No. 215-739-8166 |
| Start Date (10) 03 / 15 / 12 | | Scheduled Completion Date (11) 04 / 15 / 12 | License No. 00646 |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM PM- AM | | Name of OSHA Monitor SAME AS ABOVE | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | Street Address City, State, Zip Code | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| | Yes | No | |
| Mechanical Rooms | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Diamond Huntbach Construction | | NJDEP Waste Hauler ID No. 19689 | Cubic Yards of Waste 3 c.y. |
| City, State Philadelphia | | Disposal Date 4/30/12 | Name of Registered Landfill Minerva |
| Completed By (Print or Type) Charles Imbimbo | | Title Project Manager | Signature <i>Charles Imbimbo</i> |
| | | | Date 03/01/12 |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

#20794

| | | | | | | | | | |
|--|--|---|---|--|--|--------------------------|--------------------------|--------------------------|-----------|
| Date of Notification (1) 03 / 01 / 12 | | Name of Building Owner/Operator (2) New Lisbon Developmental Center | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 104 Route 72 | | | | | | | |
| | | City, State, Zip Code New Lisbon, New Jersey 08064 | | | | | | | |
| | | Name of Contact Vijay Gandhi | | | | | | | |
| Telephone Number _____ | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) New Lisbon Development Ctr Locust Cottage Mechanical Room | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 104 Route 72 | | Square Feet 240 | # of Floors 1 | | | | | | |
| City (5) New Lisbon | | Bldg. Age 50+ | | | | | | | |
| County (6) Burlington | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Mechanical | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc. | | Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation | | | | | | | |
| Street Address 120 North Warren Street | | Street Address 500 East Luzerne Street | | | | | | | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code Philadelphia, PA 19124 | | | | | | | |
| Project Manager for Monitoring Firm Christopher Matarazzo | | Telephone No. 856-427-0200 | Telephone No. 215-739-8166 | | | | | | |
| License No. 00646 | | Name of OSHA Monitor SAME AS ABOVE | | | | | | | |
| Start Date (10) 03 / 15 / 12 | Scheduled Completion Date (11) 04 / 15 / 12 | | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM / ____PM-____AM | | Street Address City, State, Zip Code | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) 240 SF | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Mechanical Rooms | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Clean up of Dust & Debris | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Name of Registered Waste Hauler Diamond Huntbach Construction | | NJDEP Waste Hauler ID No. 19689 | Cubic Yards of Waste 3 c.y. | Name of Registered Landfill Minerva | | | | | |
| City, State Philadelphia | | Disposal Date 4/30/12 | City, State Waynesburg, OH 44688 | | | | | | |
| Completed By (Print or Type) Charles Imbimbo | | Title Project Manager | Signature  | | | Date 03/01/12 | | | |

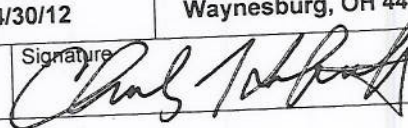
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

* 20796

| | | | | | |
|--|---|---|--|--|--|
| Date of Notification (1) 03 / 01 / 12 | | Name of Building Owner/Operator (2) New Lisbon Developmental Center | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAR 6 2012 ASBESTOS ABATEMENT & REMEDIATION </div> | |
| Agencies Notified | Type Notification | Street Address 104 Route 72 | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code New Lisbon, New Jersey 08064 | | | |
| | | Name of Contact Vijay Gandhi | | Telephone Number _____ | |

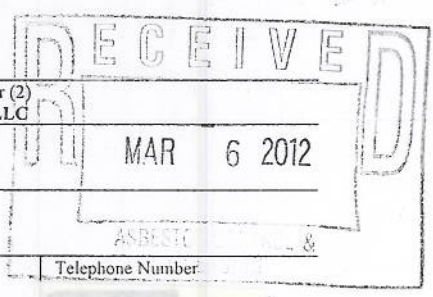
| FACILITY INFORMATION | | | | | |
|---|--|--|--|--|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3) Mechanical Building (stands alone) Chiller Plant | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address 104 Route 72 | | | | Square Feet 5,000 | # of Floors 1 |
| City (5) New Lisbon | | | | Bldg. Age 50+ | |
| County (6) Burlington | | County Code (7)(STATE USE ONLY) | | Current Use (Prior if being demolished) Mechanical | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc. | | ASCM No. | | Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation | |
| Street Address 120 North Warren Street | | Street Address 500 East Luzerne Street | | | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code Philadelphia, PA 19124 | | | |
| Project Manager for Monitoring Firm Christopher Matarazzo | | Telephone No. 856-427-0200 | | Telephone No. 215-739-8166 | License No. 00646 |
| Start Date (10) 03 / 15 / 12 | | Scheduled Completion Date (11) 04 / 15 / 12 | | Name of OSHA Monitor SAME AS ABOVE | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM / ____ PM - ____ AM | | | | Street Address City, State, Zip Code | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|-------------------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclose |
| Chiller Plant Building Roof | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Roof Membrane/Flashing | 4 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|--|---|---|---|-------------------------|
| Name of Registered Waste Hauler Diamond Huntbach Construction | | NJDEP Waste Hauler ID No. 19689 | Cubic Yards of Waste 3 c.y. | Name of Registered Landfill Minerva | |
| City, State Philadelphia | | Disposal Date 4/30/12 | City, State Waynesburg, OH 44688 | | |
| Completed By (Print or Type) Charles Imbimbo | | Title Project Manager | Signature  | | Date 03/01/12 |

1065

State of New Jersey
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)



| | | | |
|--|---|---|------------------|
| Date of Notification (1) March 1, 2012 | | Name of Building Owner/Operator (2) New Meadowlands Racetrack, LLC | |
| Agencies Notified [X] EPA [] DEP [X] DOL [X] DOH [] DCA | Type Notification [X] Initial Notification | Street Address 150 Route 120 | |
| | [] Emergency Notification w/Justification | City, State, Zip Code East Rutherford NJ 07073 | |
| | [] Amended Notification | Name of Contact Walter Wallace, LP Ciminelli | Telephone Number |
| | [] Cancellation | | |

| FACILITY INFORMATION | | | |
|--|--|---|---|
| Name of Facility Where Abatement is Taking Place (3) Meadowlands Racetrack | | Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial, buildings, homes, etc.) | |
| Street Address 150 Route 120 | | Square Feet 300,000 | # of Floors 2 |
| | | Bldg. Age 35 | |
| City (5) East Rutherford | County (6) Bergen | County Code (7) (State Use Only) | Current Use (Prior if being demolished) Meadowlands Racetrack |
| Name of Monitoring Firm Hired by Building Owner (8) Greentree Consulting, Inc. | | ASCM No. | Name of Abatement Contractor (9) LVI Demolition Services, Inc. |
| Street Address 163 Stockton Street | | Street Address 32 Williams Parkway | |
| City, State, Zip Code Hightstown NJ 08520 | | City, State, Zip Code East Hanover, NJ 07936 | |
| Project Manager for Monitoring Firm Debbie Hines | Telephone Number 609-409-0400 | Telephone Number 973-884-8682 | License Number 00860 |
| Scheduled Start Date (10) 3/12/12 Month / Day / Year | Sched. Completion Date (11) 3/30/12 Month / Day / Year | Name of OSHA Monitor Zibby Dolanski | |
| Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacant During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility [] Occupied [] Hours - Describe: [] Other - Describe: | | Street Address 32 Williams Parkway City, State, Zip Code East Hanover NJ 07936 | |

Scope of Work (Check all that apply)

| | | |
|--------------------------|----------------|---|
| [X] Demolition | [] Renovation | [] Full Containment with Negative Pressure |
| [] ≥ 3 sf or ≥ 3 lf | | [] Mini-Enclosure |
| [X] ≥ 160 sf or ≥ 260 lf | | [] Glove Bag Procedure & "Wrap & Cut" |
| | | [X] Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) (13) | Is Location Normally Used Solely By Maintenance/Custodial Staff (12) Yes No N/A | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
|--|--|---|--------------------------------|---|----------------------------|--------------------------------------|---|--|
| | | | | R E M O V A L | R E P A I R | E N C A P S U L | E N C L O S U R E | |
| Dorm Roof | X | Roof Flashing | 780 SF | X | | | | |
| Dorm & Stable Roof | X | Roof Vent Mastic | 5 SF | X | | | | |
| Throughout Structure | X | Fire Doors | 16 Ea | X | | | | |
| Throughout Structure | X | Stable Doors | 70 Ea | X | | | | |
| Window | X | Window Glazing | 600 SF | X | | | | |
| Name of Registered Waste Hauler LVI Demolition Services, Inc. | | NJDEP Waste 20859 | Cubic Yards Of Waste | Name of Registered Landfill Waste Management of Pennsylvania | | | | |
| City, State East Hanover, NJ 07936 | | Disposal Date 4/6/2012 | City, State Morrisville, Pa | | | | | |
| Completed By (Print or Type) Ed King | | Title President | Date March 1, 2012 | | | | | |

REMEMBER - MAIL IN HARD COPY

MAR 6 2012

DOL - 10 DAY

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:12)

CR # 3378

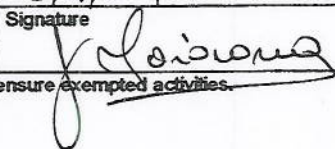
No Check

| | | | | | | |
|--|--|---|---|---|---------------|-----------|
| Date of Notification (1) 2/23/12 | | Name of Building Owner/Operator (2) MR. HANNY FERNANDES | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> NJOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | |
| Street Address 7400 BROADWAY | | City, State, Zip Code NORTH BERGEN, N.J. 07047 | | | | |
| Name of Contact MR. HOWARD McPHERSON | | Telephone Number | | | | |
| FACILITY INFORMATION | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) MR. HANNY FERNANDES | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | |
| Street Address 7400 BROADWAY | | Square Feet 3600 | # of Floors 1 | | | |
| City (5) NORTH BERGEN | | Bldg. Age 71 | | | | |
| County (6) HUDSON | | Current Use (Prior if being demolished) RESIDENCES/STORE | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES INC | | ASCM No. 00012 | Name of Abatement Contractor (9) Best Removal Inc | | | |
| Street Address 300 GRAND AVE. | | Street Address 450 South River St | | | | |
| City, State, Zip Code ENGLEWOOD, NJ 07631 | | City, State, Zip Code Hackensack, N.J. 07601 | | | | |
| Project Manager for Monitoring Firm T. VALENTINE | | Telephone No. 201 569 6708 | License No. 00388 | | | |
| Start Date (10) 2-24-2012 | Scheduled Completion Date (11) 3-5-2012 | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Name of OSHA Monitor Omega Environmental Services | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> 23 of or 23 If <input checked="" type="checkbox"/> 2160 of or 260 If <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | Street Address 280 Huyler St | | | | |
| Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A | | City, State, Zip Code South Hackensack, N.J. 07606 | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) EXT. BLDG. FLOOR | Description of Asbestos Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) 3600 SF | Abatement Type | | | |
| | | | Removal | Repair | Encapsulation | Enclosure |
| | ROOFING MATERIAL | | <input checked="" type="checkbox"/> | | | |
| Name of Registered Waste Hauler ATLANTIC WASTE SERVICES | | NJDEP Waste Hauler ID No. 22592 | Cubic Yards of Waste 30 YRS | Name of Registered Landfill TESI LANDFILL | | |
| City, State ROCKHILL PARK, NJ 07662 | | Disposal Date 3-5-2012 | | City, State BETHLEHEM, PA 18015 | | |
| Completed by J. MAIORANO | | Title Estimator | Signature <i>[Signature]</i> | Date 2/23/12 | | |

* Do not use this form for asbestos abatement exempted activities.

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

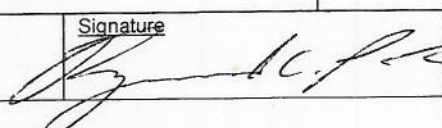
RECEIVED
MAR 6 2012

| Date of Notification (1) 3/2/12 | | Name of Building Owner/Operator (2) MR. MANNY FERNANDES | | | | | | | |
|--|---|---|---|--|---------------------------|-----------------------|--------|-------------|-----------|
| Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 7400 BROADWAY City, State, Zip Code NORTH BERGEN, NJ . 07047 | | | | | | | |
| | | Name of Contact MR. HOWARD McPHERSON | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) MR. MANNY FERNANDES | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 7400 BROADWAY | | Square Feet 3600 | # of Floors 1 | | | | | | |
| City (5) NORTH BERGEN | | Bldg. Age 71 | | | | | | | |
| County (6) HUDSON | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) RESIDENCES / STORES | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES | ASCM No. 00012 | Name of Abatement Contractor (9) Best Removal Inc | | | | | | | |
| Street Address 300 GRAND AVE | | Street Address 450 South River St | | | | | | | |
| City, State, Zip Code ENGLEWOOD, NJ 07631 | | City, State, Zip Code Hackensack, N.J. 07601 | | | | | | | |
| Project Manager for Monitoring Firm T. VALENTINE | Telephone No. 201 569 6708 | Telephone No. 201-329-7444 | License No. 00388 | | | | | | |
| Start Date (10) 2-24-2012 | Scheduled Completion Date (11) 3/9/2012 | Name of OSHA Monitor Omega Environmental Services | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address 280 Huyler St City, State, Zip Code South Hackensack . N.J. 07606 | | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| EXT. BLDG FLOOR | | | X | ROOFING MATERIAL | 3600 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Atlantic Waste Services | | NJDEP Waste Hauler ID No. 22592 | Cubic Yards of Waste 30 YRS | Name of Registered Landfill IESI Landfill | | | | | |
| City, State Rochelle Park, N.J. 07662 | | | Disposal Date 3/9/12 | City, State Behtlehem, PA 18015 | | | | | |
| Completed by J. Maiorano | Title Estimator | | Signature  | | | Date 3/2/12 | | | |

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 318-12

| | | | |
|---|----------------------------|--|--------------------------------|
| Date of Notification (1) March 2, 2012 | | Name of Building Owner/Operator (2) NJ TRANSIT HEADQUARTERS | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH | | Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (including justification attached) <input type="checkbox"/> Cancelled | |
| Street Address ONE PENN PLAZA | | City, State, Zip Code NEWARK, NJ 07105 | |
| Name of Contact MR. RUSSEL SAMAROO | | Telephone Number [REDACTED] | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) NEWARK PENN STATION | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 1 RAILROAD PLAZA EAST | | Sq. Feet: N/A # of Floors: 2 Bldg. Age: 100+ years | |
| City (5) NEWARK | County (6) ESSEX | County Code (7) (State Use Only) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) TTI | | ASCM No. 00003 | |
| Street Address 1253 NORTH CHURCH STREET | | Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. | |
| City, State, Zip Code MOORESTOWN, NJ 008057 | | Street Address 268 MAIN STREET | |
| Project Manager for Monitoring Firm JIM GUILARDI | | Telephone Number 856-840-8800 | License Number 00840 |
| Scheduled Start Date (10) 03/02/12 | | Scheduled Completion Date (11) 03/03/12 | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Work area vacated and isolated from remainder of building throughout abatement. 7:00 PM - 5:00 AM | | Name of OSHA Monitor ENVIROVISION, INC. | |
| Source of Work (Check all that apply) <input checked="" type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | Street Address 20-21 WARGARAW ROAD | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) BASEMENT & 1ST FLOOR - JANITORIAL CLOSET | | City, State, Zip Code FAIRLAWN, NJ | |
| Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) PIPE INSULATION DRAIN RISER | |
| Amount (Specify SF or LF) <8 LF | | Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove | |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | | NJDEP Waste Hauler ID # See Below | |
| Cubic Yards of Waste: 5 CY | | Name of Registered Landfill IESI - Bethlehem, PA G.R.O.W.S. Landfill Morrisville, PA | |
| Notes: Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509 | | Disposal Date 03/03/12 | |
| City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 | | Date March 2, 2012 | |
| Completed by (Print or Type) RAYMOND C. PEDALINO | | Signature  | |
| Title SENIOR PROJECT MANAGER | | Date March 2, 2012 | |

Copies To: NJ TRANSIT, Attn: Russel Samaroo & TTI, Attn: Jim Guilardi

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

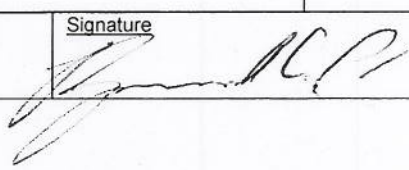
GAC Project # 318-12

| | | | | | |
|---|--|--|--|---|--------------------------------|
| Date of Notification (1) March 2, 2012 | | Name of Building Owner/Operator (2) NJ TRANSIT HEADQUARTERS | | APPROVED NJ Dept. of Health & Senior Services <i>Paul C. Horn</i> (signature) Date: 3/2/12 Time: 3:45 PM | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH | | Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (including justification attached) <input type="checkbox"/> Cancelled | | Street Address ONE PENN PLAZA City, State, Zip Code NEWARK, NJ 07105 Name of Contact MR. RUSSEL SAMAROO | |
| Name of Facility Where Abatement is Taking Place (3) NEWARK PENN STATION | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 2 Bldg. Age: 100+ years | | |
| Street Address 1 RAILROAD PLAZA EAST | | | Current Use (prior if being demolished): RAILROAD STATION | | |
| City (5) NEWARK | County (6) ESSEX | County Code (7) (State Use Only) | Name of Monitoring Firm Hired by Bldg. Owner (8) TTI | | |
| Name of Facility Where Abatement is Taking Place (3) NEWARK PENN STATION | | | Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. | | |
| Street Address 1253 NORTH CHURCH STREET | | | Street Address 268 MAIN STREET | | |
| City, State, Zip Code MOORESTOWN, NJ 008057 | | | City, State, Zip Code BUTLER, NJ 07405 | | |
| Project Manager for Monitoring Firm JIM GUILARDI | | Telephone Number 856-840-8800 Fax 856-840-8815 | Telephone Number 973-492-0477 | | License Number 00840 |
| Scheduled Start Date (10) 03/02/12 | | Scheduled Completion Date (11) 03/03/12 | Name of OSHA Monitor ENVROVISION, INC. | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Work area vacated and isolated from remainder of building throughout abatement. 7:00 PM - 5:00 AM | | | Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ | | |
| Source of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) BASEMENT & 1ST FLOOR - JANITORIAL CLOSET | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) PIPE INSULATION DRAIN RISER | Amount (Specify SF or LF) <8 LF | Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove | |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 5 CY | Name of Registered Landfill IESI - Bethlehem, PA G.R.O.W.S. Landfill Morrisville, PA | |
| Notes: Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509 | | | Disposal Date 03/03/12 | City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 | |
| Completed by (Print or Type) RAYMOND C. PEDALINO | | Title SENIOR PROJECT MANAGER | Signature <i>Raymond C. Pedalino</i> | | Date March 2, 2012 |

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-12

Client Project #

| | | | |
|--|---|--|---|
| Date of Notification (1) March 2, 2012 | | Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH | | Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled | |
| Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 2012 | | City, State, Zip Code PISCATAWAY, NJ 08854 | |
| Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY | | Telephone Number [REDACTED] | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) RU GYM, BLDG# 7233 | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years | |
| Street Address NEWARK CAMPUS | | Current Use (prior if being demolished): ACADEMIC | |
| City (5) NEWARK | County (6) ESSEX | County Code (7) (State Use Only) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES | | ASCM No. 0098 | |
| Street Address 3 TERRI LANE | | Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. | |
| City, State, Zip Code BURLINGTON, NJ 08016 | | Street Address 268 MAIN STREET | |
| Project Manager for Monitoring Firm BRIAN KEARNY | | Telephone Number 609-386-8800 | License Number 00840 |
| Scheduled Start Date (10) 03/12/12 | | Scheduled Completion Date (11) 03/16/12 | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: 3PM FRI TO MON 5 AM | | Name of OSHA Monitor ENVIROVISION, INC. | |
| | | Street Address 20-21 WARGARAW ROAD | |
| | | City, State, Zip Code FAIRLAWN, NJ | |
| Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div> | | | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) Room 102 SUITE | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT | Amount (Specify SF or LF) 700 SF |
| | | Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove | |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 15 CY |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 | | Name of Registered Landfill G.R.O.W.S. North Landfill | |
| Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509 | | Disposal Date 03/16/2012 | City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 |
| Completed by (Print or Type) RAYMOND C. PEDALINO | Title SENIOR PROJECT MANAGER | Signature  | Date March 2, 2012 |

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 3394

| | | | | | | | | | |
|--|--|---|---|--|---------------------------|-----------------------|--------|-------------|-----------|
| Date of Notification (1) 3/2/2012 | | Name of Building Owner/Operator (2) NORTH BERGEN PARKING AUTHORITY | | | | | | | |
| Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 7224 BERGENLINE AVE City, State, Zip Code NORTH BERGEN, NJ 07047 Name of Contact MR. BASELCE Telephone Number MAR 6 2012 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) N.B.P.A | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1134 - 51TH ST | | Square Feet 2800 | # of Floors 2 | | | | | | |
| City (5) NORTH BERGEN | | Bldg. Age 1935 | | | | | | | |
| County (6) HUDSON | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) RESIDEN CO | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES | | ASCM No. 00012 | Name of Abatement Contractor (9) Best Removal Inc | | | | | | |
| Street Address 300 GRAND AVE | | Street Address 450 South River St | | | | | | | |
| City, State, Zip Code ENGLEWOOD, N.J. 07631 | | City, State, Zip Code Hackensack, N.J. 07601 | | | | | | | |
| Project Manager for Monitoring Firm STEPHEN JARACZEWSKI | | Telephone No. 201-569-6708 | License No. 00388 | | | | | | |
| Start Date (10) 3/12/12 | Scheduled Completion Date (11) 3/13/12 | Name of OSHA Monitor Omega Environmental Services | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address 280 Huyler St City, State, Zip Code South Hackensack . N.J. 07606 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| OUTSIDE ROOF | | | X | ROOFING MATERIAL | 2200 SF | X | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Atlantic Waste Services | | NJDEP Waste Hauler ID No. 22592 | Cubic Yards of Waste 20CY | Name of Registered Landfill IESI Landfill | | | | | |
| City, State Rochelle Park, N.J. 07662 | | Disposal Date 3/13/12 | City, State Behtlehem, PA 18015 | | | | | | |
| Completed by J. Maiorano | Title Estimator | Signature <i>[Signature]</i> | | | | Date 3/2/12 | | | |

CHECK #
2241

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
MAR 6 2012

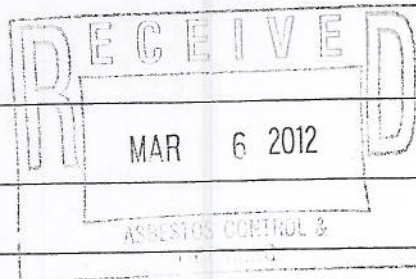
| | | | |
|--|--|---|--|
| Date of Notification (1) <u>3/2/12</u> | | Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u> | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address <u>300 77TH ST.</u> | | City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u> | |
| Name of Contact <u>FRANK EDUARDO</u> | | Telephone Number <u></u> | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address <u>27 40TH ST.</u> | | Square Feet <u></u> # of Floors <u></u> Bldg. Age <u></u> | |
| City (5) <u>SEA ISLE CITY</u> | | Current Use (Prior if being demolished) <u>VACANT</u> | |
| County (6) <u>CAPE MAY</u> | | County Code (7) (STATE USE ONLY) <u></u> | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u> | | ASCM No. <u></u> | |
| Street Address <u></u> | | Name of Abatement Contractor (9) <u>KLEMMCO INC.</u> | |
| City, State, Zip Code <u></u> | | Street Address <u>369 S. SPRUCE AVE.</u> | |
| Project Manager for Monitoring Firm <u></u> | | City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u> | |
| Telephone No. <u></u> | | Telephone No. <u>856-779-0472</u> License No. <u>00444</u> | |
| Start Date (10) <u>3/14/12</u> | | Scheduled Completion Date (11) <u>3/21/12</u> | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u></u> | | Name of OSHA Monitor <u>JOSEPH KLEMM</u> | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | Street Address <u>369 S. SPRUCE AVE.</u> | |
| City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u> | | City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u> | |
| Location of Asbestos-Containing Material (ACM) IN Facility (13) <u>TO BE ABATED</u> | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u> | |
| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u> | | Amount (Specify SF or LF) <u>2000 lb</u> | |
| Abatement Type Removal Repair Encapsulate Enclosure <u>X</u> | | | |
| Name of Registered Waste Hauler <u>KLEMMCO INC.</u> | | NJDEP Waste Hauler ID No. <u>17904</u> | |
| Cubic Yards of Waste <u></u> | | Name of Registered Landfill <u>C.M.C.M.U.A.</u> | |
| City, State <u>MAPLE SHADE, N.J.</u> | | Disposal Date <u></u> City, State <u>WOODBINE, N.J.</u> | |
| Completed By <u>JOSEPH KLEMM</u> | | Signature <u>Joseph Klemm</u> | |
| Title <u>V/P</u> | | Date <u>3/2/12</u> | |

No check

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

| | | | | | | | | | |
|---|---|---|-------------------------------------|---|--|--|--------------------------|-------------------------------------|--------------------------|
| Date of Notification (1) 02 / 23 / 12 | | Name of Building Owner/Operator (2) Township of Warren | | <div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED MAR 6 2012 ASBESTOS CONTROL & </div> | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | Street Address 46 Mountain Blvd. | | | |
| | | City, State, Zip Code Warren, NJ 07059 | | | | Name of Contact Lois J. Harold | | | |
| | | | | | | Telephone Number [REDACTED] | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Township Owned Barn | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | |
| Street Address 197 Mountain Ave. | | | | | | | | | |
| City (5) Warren, NJ 07059 | | | | Square Feet 10,000 | # of Floors 1 | | | | |
| | | | | Bldg. Age 1922 | | | | | |
| County (6) Somerset | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Vacant | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc. | | ASCM No. 00079 | | Name of Abatement Contractor (9) SMAC Corp. | | | | | |
| Street Address 20-21 Wagaraw Road - Bldg. 34A | | | | Street Address 27 EAST 33RD STREET | | | | | |
| City, State, Zip Code Fair Lawn, NJ 07410 | | | | City, State, Zip Code PATERSON NJ 07514 | | | | | |
| Project Manager for Monitoring Firm Guillermo M. Morales | | Telephone No. 973-636-9145 | | Telephone No. 973-345-4055 | License No. 01110 | | | | |
| Start Date (10) 03 / 05 / 12 | | Scheduled Completion Date (11) 03 / 16 / 12 | | Name of OSHA Monitor EMSL ANALYTICAL, INC | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | | | Street Address 1056 SHELTON AVE | | | | | |
| | | | | City, State, Zip Code PISCATAWAY NJ 08854 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Old Barn Ceiling | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Transite Panel - Non Friable | 4,725 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| South West Flat Roof | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Roofing Shingles - Non Friable | 75 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Boiler Dismantling - Friable | 70 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SMAC Corp | | NJDEP Waste Hauler ID No. 18590 | | Cubic Yards of Waste 40 Yards | Name of Registered Landfill Grows Landfill | | | | |
| City, State 27 E 33rd Street, Paterson, NJ - 07514 | | | | Disposal Date 03/16/2012 | City, State Morrisville, PA | | | | |
| Completed By (Print or Type) Borce Gjorsoski | | Title President | | Signature <i>Borce Gjorsoski</i> | | | Date 3/02/12 | | |

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**



| | | | | | | | | | |
|---|--|--|---|--|---------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Date of Notification (1) 02 / 23 / 12 | | Name of Building Owner/Operator (2) Township of Warren | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 46 Mountain Blvd. | | | | | | | |
| | | City, State, Zip Code Warren, NJ 07059 | | | | | | | |
| | | Name of Contact Lois J. Harold | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Township Owned Barn | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 197 Mountain Ave. | | Square Feet 10,000 | # of Floors 1 | | | | | | |
| City (5) Warren, NJ 07059 | | Bldg. Age 1922 | | | | | | | |
| County (6) Somerset | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Vacant | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Quest Environmental/EnviroVision | | ASCM No. | Name of Abatement Contractor (9) SMAC Corp. | | | | | | |
| Street Address 1741 State Route 31 | | Street Address 27 EAST 33RD STREET | | | | | | | |
| City, State, Zip Code Clinton, NJ 08809 | | City, State, Zip Code PATERSON NJ 07514 | | | | | | | |
| Project Manager for Monitoring Firm Darin P. Vogel | Telephone No. 908-730-7707 | Telephone No. 973-345-4055 | License No. 01110 | | | | | | |
| Start Date (10) 03 / 05 / 12 | Scheduled Completion Date (11) 03 / 16 / 12 | Name of OSHA Monitor EMSL ANALYTICAL, INC | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 1056 SHELTON AVE | | | | | | | |
| | | City, State, Zip Code PISCATAWAY NJ 08854 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Old Barn Ceiling | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Transite Panel - Non Friable | 4,725 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| South West Flat Roof | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Roofing Shingles - Non Friable | 75 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Boiler Dismantling - Friable | 70 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SMAC Corp | | NJDEP Waste Hauler ID No. 18590 | Cubic Yards of Waste 40 Yards | Name of Registered Landfill Grows Landfill | | | | | |
| City, State 27 E 33rd Street, Paterson, NJ - 07514 | | | Disposal Date 03/16/2012 | City, State Morrisville, PA | | | | | |
| Completed By (Print or Type) Borce Gjorsoski | Title President | | Signature | | | Date 2/23/12 | | | |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

APPROVED: PAUL HOKNER, NJ DOH

CR# 2237

| Date of Notification (1) 3 / 2 / 12 | | Name of Building Owner/Operator (2) Rider University | | | | | | | |
|---|--|--|-----------------------------|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 2083 Lawrenceville Rd. | | | | | | | |
| | | City, State, Zip Code Lawrenceville, NJ | | | | | | | |
| | | Name of Contact Phillip Voorhees | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Westminster Choir College-Bristol Hall | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 101 Wanlut Lane | | Square Feet 25,000 | # of Floors 2 | | | | | | |
| City (5) Princeton | | Bldg. Age 40+ | | | | | | | |
| County (6) MERCER | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc. | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Street Address 515 Grove St, Suite 1B | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Haddon Heights, NJ 08035 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Craig Wilson | Telephone No. 609-841-2927 | Telephone No. 215-788-6040 | License No. 00509 | | | | | | |
| Start Date (10) 3 / 5 / 12 | Scheduled Completion Date (11) 3 / 5 / 12 | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-4:30PM / ____ PM- ____ AM | | Street Address 1123 BEAVER STREET | | | | | | | |
| | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Bristol Hall-Facilities Office | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation | 6 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. | | NJDEP Waste Hauler ID No. 18706 | | Cubic Yards of Waste | Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL | | | | |
| City, State BRISTOL, PA 19007 | | Disposal Date | | City, State MORRISVILLE, PA 19067 | | | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | | Signature <i>Brian Scafiro / jk</i> | | | Date | | |

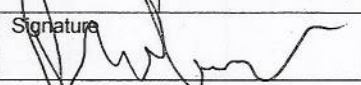
ASB-41
MAY 11 **BS 12024**

* Do not use this form for asbestos licensure exempted activities.

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| Date of Notification (1) 3/2/2012 | | Name of Building Owner/Operator (2) INTERNATIONAL PAPER GEORGIA PACIFIC | | | | | | | |
|--|---|---|---|--|---|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 6400 POPLAR AVE. 297 FURG ST. | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 8 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code MEMPHIS, TN 38197 NEWARK, NJ 07105 | | | | | | | |
| | | Name of Contact Roger Schumer/JP, Paul Montney/GP | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) CURTIS SPECIALITY PAPER | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 404 FRENCHTOWN RD. | | Square Feet 500,000 | # of Floors 2 | | | | | | |
| City (5) MILFORD | | Bldg. Age 100 years | | | | | | | |
| County (6) HUNTERDON | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Paper Manufacturing | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ARCADIS, US | | ASCN No. 000141 | Name of Abatement Contractor (9) ROYAL ENVIRONMENTAL, INC. | | | | | | |
| Street Address 35 COLUMBIA RD | | Street Address 720 LEXINGTON AVENUE | | | | | | | |
| City, State, Zip Code BRANCHBURG, NJ 08876 | | City, State, Zip Code ROCHESTER, NY 14613 | | | | | | | |
| Project Manager for Monitoring Firm WILLIAM C. MENER | | Telephone No. 908.526.1000 | Telephone No. 585.254.1840 | | | | | | |
| Start Date (10) 5/16/2011 | | Scheduled Completion Date (11) 4/30/2012 | License No. 01068 | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Name of OSHA Monitor HEALTH AND SAFETY SERVICES | | | | | | | |
| | | Street Address 318 12TH STREET | | | | | | | |
| | | City, State, Zip Code HAMMONTON, NJ 08037 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| THROUGHOUT FACILITY | | | X | PIPE | 39500 LF | X | | | |
| | | | | THERMAL SYSTEMS | 45400 SF | X | | | |
| | | | | TRANSITE | 46300 SF | X | | | |
| | | | | GALBESTOS | 28500 SF | X | | | |
| Name of Registered Waste Hauler R&B DEBRIS LLC | | NJDEP Waste Hauler ID No. NJ-8001 | | Cubic Yards of Waste 3500 | Name of Registered Landfill GROWS LANDFILL | | | | |
| City, State HAINSPORT, NJ | | | | Disposal Date VARIOUS | City, State MORRISVILLE, PA | | | | |
| Completed by PETER BREEN | | Title PROJECT MASNAGER | | Signature | Date 3/2/2012 | | | | |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | | | | | | | |
|--|---|--|--|---|---|------------------|--------|-------------|-----------|
| Date of Notification (1) 3/2/2012 | | Name of Building Owner/Operator (2) INTERNATIONAL PAPER | | GEORGIA PACIFIC | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 8 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 6400 POPLAR AVE. | | 297 FURG ST. | | | | |
| | | | City, State, Zip Code MEMPHIS, TN 38197 | | NEWARK, NJ 07105 | | | | |
| | | | Name of Contact Roger SchumerlIP, Paul Montney/GP | | Telephone Number [REDACTED] | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) CURTIS SPECIALITY PAPER | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| Street Address 404 FRENCHTOWN RD. | | | | Square Feet 500,000 | # of Floors 2 | | | | |
| City (5) MILFORD | | | | Bldg. Age 100 years | | | | | |
| County (6) HUNTERDON | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Paper Manufacturing | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ARCADIS, US | | ASCM No. 000141 | | Name of Abatement Contractor (9) ROYAL ENVIRONMENTAL, INC. | | | | | |
| Street Address 35 COLUMBIA RD | | | | Street Address 720 LEXINGTON AVENUE | | | | | |
| City, State, Zip Code BRANCHBURG, NJ 08876 | | | | City, State, Zip Code ROCHESTER, NY 14613 | | | | | |
| Project Manager for Monitoring Firm WILLIAM C. MENER | | Telephone No. 908.526.1000 | | Telephone No. 585.254.1840 | License No. 01068 | | | | |
| Start Date (10) 5/16/2011 | | Scheduled Completion Date (11) 4/30/2012 | | Name of OSHA Monitor HEALTH AND SAFETY SERVICES | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | | | Street Address 318 12TH STREET | | | | | |
| | | | | City, State, Zip Code HAMMONTON, NJ 08037 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| THROUGHOUT FACILITY | | | X | VAT | 56000 SF | X | | | |
| | | | | MISCELLANEOUS | 13000 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler R&B DEBRIS LLC | | NJDEP Waste Hauler ID No. NJ-8001 | | Cubic Yards of Waste 3500 | Name of Registered Landfill GROWS LANDFILL | | | | |
| City, State HAINSPORT, NJ | | | | Disposal Date VARIOUS | City, State MORRISVILLE, PA | | | | |
| Completed by PETER BREEN | | Title PROJECT MASNAGER | | Signature  | | Date 3/2/2012 | | | |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | | | |
|--|---|---|--|--|--|
| Date of Notification (1) 03/02/12 Ck:1897 \$200 | | Name of Building Owner/Operator (2) Fairleigh Dickinson University | | <div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED MAR 6 2012 ADDRESSES CONTROL & </div> | |
| Agencies Notified | Type Notification | Street Address 1000 River Road | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Teaneck, New Jersey 07666 | | | |
| | | Name of Contact Craig Gorszyca | | Telephone Number _____ | |

| FACILITY INFORMATION | | | | | |
|--|--|---|---|--|----------------|
| Name of Facility Where Abatement is Taking Place (3) Fairleigh Dickinson University, Robison Annex | | | Type of Facility (4) | | |
| Street Address 1000 River Road | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| City (5) Teaneck, New Jersey 07666 | | | Square Feet 20,000 | # of Floors 2 | Bldg. Age 5 |
| County (6) Bergen | | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) University | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc. | | ASCM No. _____ | Name of Abatement Contractor (9) Lilich Corporation | | |
| Street Address 5434 Kings Avenue Suite 101 | | Street Address 606 McBride Avenue | | | |
| City, State, Zip Code Pennsauken, New Jersey 08109 | | City, State, Zip Code Woodland Park, New Jersey 07424 | | | |
| Project Manager for Monitoring Firm Tom Pruno | | Telephone No. 609-744-7462 | Telephone No. 973-225-8400 | License No. 01104 | |
| Start Date (10) 03/14/12 | | Scheduled Completion Date (11) 03/15/12 | | Name of OSHA Monitor J&S Environmental Labs | |
| Occupancy Status During Abatement (Check Only One) | | | Street Address 2333 Route 22 West | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 3pm Start | | | City, State, Zip Code Union, New Jersey 07083 | | |
| Scope of Work (Check All That Apply) | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|----|-----|--|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Boiler Room | X | | | TSI | 9 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|--|------------------------------------|--|---|--|
| Name of Registered Waste Hauler Lilich Corporation | | NJDEP Waste Hauler ID No. 18724 | Cubic Yards of Waste 1 | Name of Registered Landfill G.R.O.W.S Landfill | |
| City, State Woodland Park, New Jersey 07424 | | | Disposal Date 03/16/12 | City, State Morrisville, Pennsylvania | |
| Completed by Tatiana Kalenikova | | Title Vice President | Signature <i>Tatiana Kalenikova</i> | Date 03/02/12 | |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

No Check

| | | | | | |
|--|--|--|--|---|--|
| Date of Notification (1) 03/01/12 | | Name of Building Owner/Operator (2) City of Burlington | | MAR - 6 2012 | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 515 High Street City, State, Zip Code Burlington, New Jersey 08016 Name of Contact Cindy A Crivaro | |
| FACILITY INFORMATION | | | | ASBESTOS CONTROL & LICENSING | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 318 1/2 Jones Avenue | | | | Square Feet 10,000 | |
| City (5) Burlington, New Jersey 08016 | | | | # of Floors 2 | |
| County (6) Burlington | | | | Bldg. Age 55+ | |
| County Code (7) (STATE USE ONLY) | | | | Current Use (Prior if being demolished) Home | |
| Name of Monitoring Firm Hired by Building Owner (8) | | | | Name of Abatement Contractor (9) Lilich Corporation | |
| Street Address | | | | Street Address 606 McBride Avenue | |
| City, State, Zip Code | | | | City, State, Zip Code Woodland Park, New Jersey 07424 | |
| Project Manager for Monitoring Firm | | | | Telephone No. 973-225-8400 | |
| Start Date (10) 02/27/12 | | | | License No. 01104 | |
| Scheduled Completion Date (11) 02/28/12 | | | | Name of OSHA Monitor J&S Environmental Labs | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM Start | | | | Street Address 2333 Route 22 West | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | City, State, Zip Code Union, New Jersey 07083 | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | |
| Exterior | | Yes No N/A X | | Transite Shingles | |
| | | | | Amount (Specify SF or LF) 1,000 | |
| | | | | Abatement Type Removal Repair Encapsulate Enclosure X | |
| Name of Registered Waste Hauler Lilich Corporation | | NJDEP Waste Hauler ID No. 18724 | | Cubic Yards of Waste 3 | |
| City, State Woodland Park, New Jersey 07424 | | Disposal Date 02/29/12 | | Name of Registered Landfill G.R.O.W.S Landfill | |
| Completed by Tatiana Kalenikova | | Title Vice President | | Signature Tatiana Kalenikova | |
| | | | | Date 03/01/12 | |

* Do not use this form for asbestos licensure exempted activities.

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| Date of Notification (1) 02/23/12 Ck: 1874 | | \$200 | Name of Building Owner/Operator (2) City of Burlington | | | | | | |
|--|---|---|---|--|---|------------------|--------|-------------|-----------|
| Agencies Notified | | Type Notification | Street Address | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation | 515 High Street | | | | | | |
| | | | City, State, Zip Code Burlington, New Jersey 08016 | | | | | | |
| | | | Name of Contact Cindy A Crivaro | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement Is Taking Place (3) Residence | | | Type of Facility (4) | | | | | | |
| Street Address 318 1/2 Jones Avenue | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| City (5) Burlington, New Jersey 08016 | | | Square Feet 10,000 | # of Floors 2 | | | | | |
| County (6) Burlington | | | County Code (7) (STATE USE ONLY) | Bldg. Age 55+ | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | | ASCM No. | Name of Abatement Contractor (9) Lillich Corporation | | | | | |
| Street Address | | | Street Address 606 McBride Avenue | | | | | | |
| City, State, Zip Code | | | City, State, Zip Code Woodland Park, New Jersey 07424 | | | | | | |
| Project Manager for Monitoring Firm | | | Telephone No. 973-225-8400 | License No. 01104 | | | | | |
| Start Date (10) 02/27/12 | | Scheduled Completion Date (11) 02/28/12 | Name of OSHA Monitor J&S Environmental Labs | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | Street Address 2333 Route 22 West | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM Start | | | City, State, Zip Code Union, New Jersey 07083 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | | | | | | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior | | X | | Transite Shingles | 1,000 | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Lillich Corporation | | NJDEP Waste Hauler ID No. 18724 | | Cubic Yards of Waste 3 | Name of Registered Landfill G.R.O.W.S Landfill | | | | |
| City, State Woodland Park, New Jersey 07424 | | | | Disposal Date 02/29/12 | City, State Morrisville, Pennsylvania | | | | |
| Completed by Tatiana Kalenikova | | Title Vice President | | Signature <i>Tatiana Kalenikova</i> | | Date 02/23/12 | | | |

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

| | | | | | | | | | |
|--|---|--|--|--|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 02/06/12 CK # 815 \$200.00 | | Name of Building Owner/Operator (2) City of Burlington | | | | | | | |
| Agencies Notified | Type Notification | Street Address 515 High Street | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Burlington, New Jersey 08016 | | | | | | | |
| | | Name of Contact Cindy A Crivaro | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 318 1/2 Jones Avenue | | Square Feet 10,000 | # of Floors 2 | | | | | | |
| City (5) Burlington, New Jersey 08016 | | Bldg. Age 55+ | | | | | | | |
| County (6) Burlington | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Home | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Lilich Corporation | | | | | | |
| Street Address | | Street Address 606 McBride Avenue | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Woodland Park, New Jersey 07424 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 973-225-8400 | | | | | | |
| Start Date (10) 02/17/12 | | Scheduled Completion Date (11) 02/18/12 | License No. 01104 | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM Start | | Name of OSHA Monitor J&S Environmental Labs | | | | | | | |
| | | Street Address 2333 Route 22 West | | | | | | | |
| | | City, State, Zip Code Union, New Jersey 07083 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior | | X | | Transite Shingles | 1,000 | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Lilich Corporation | | NJDEP Waste Hauler ID No. 18724 | Cubic Yards of Waste 3 | Name of Registered Landfill G.R.O.W.S Landfill | | | | | |
| City, State Woodland Park, New Jersey 07424 | | Disposal Date 02/20/12 | | City, State Morrisville, Pennsylvania | | | | | |
| Completed by Tatiana Kalenikova | | Title Vice President | | Signature <i>Tatiana Kalenikova</i> | | Date 02/06/12 | | | |

no check

RECEIVED
MAR 6 2012
Telephone Number
LICENSING

Check # 8056

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities.

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 8132

| Date of Notification (1) 3-2-12 | | Name of Building Owner/Operator (2) Matt Chavlovich | | | | | | |
|--|--|---|--|--|---------------------------|----------------|--------|-------------|
| Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 175 Christol Street | | | | | | |
| | | City, State, Zip Code Metuchen NJ 08840 | | | | | | |
| | | Name of Contact Matt Chavlovich | | | | | | |
| Telephone Number [REDACTED] | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Single family Dwelling (Garage) | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address 175 Christol Street | | Square Feet | # of Floors 2 | | | | | |
| City (5) Metuchen NJ 08840 | | Bldg. Age 75+- | | | | | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies | | ASCM No. N/A | Name of Abatement Contractor (9) EPC Technologies, Inc | | | | | |
| Street Address P.O. Box 337 | | Street Address P.O. Box 337 | | | | | | |
| City, State, Zip Code New Egypt NJ 08533 | | City, State, Zip Code New Egypt NJ 08533 | | | | | | |
| Project Manager for Monitoring Firm Steve Schenker | | Telephone No. 609-758-3365 | License No. 00394 | | | | | |
| Start Date (10) 3-12-12 | Scheduled Completion Date (11) 3-13-12 | | Name of OSHA Monitor EPC Technologies, Inc | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address P.O. Box 337 | | | | | | |
| | | City, State, Zip Code New Egypt NJ 08533 | | | | | | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | | | | | | | |
| <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate |
| Garage | X | | | Pipe Insulation | 120 LF | X | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler EPC Technologies | | NJDEP Waste Hauler ID No. 17000 | Cubic Yards of Waste 2 | Name of Registered Landfill Waste Management | | | | |
| City, State NE NJ | | Disposal Date 3-13-12 | City, State Morrisville PA | | | | | |
| Completed by Steve Schenker | Title President | Signature Steve Schenker | Date 3-2-12 | | | | | |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 8133

| Date of Notification (1) 3-2-12 | | Name of Building Owner/Operator (2) Twinzant Construction | | | | | | | |
|--|---|---|---|--|---------------------------|----------------|-----------------------|-------------|-----------|
| Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 4 Laurier Way City, State, Zip Code Park Ridge NJ 07656 | | | | | | | |
| | | Name of Contact Pat Moellen | Telephone Number 609 492-1102 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Single family Shore Dwelling | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 19 East 34th Street | | Square Feet | # of Floors 2 | | | | | | |
| City (5) Long Beach Twp., NJ 08008 | | Bldg. Age 60+ | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Shore House | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies | ASCM No. N/A | Name of Abatement Contractor (9) EPC Technologies, Inc | | | | | | | |
| Street Address P.O. Box 337 | | Street Address P.O. Box 337 | | | | | | | |
| City, State, Zip Code New Egypt NJ 08533 | | City, State, Zip Code New Egypt NJ 08533 | | | | | | | |
| Project Manager for Monitoring Firm Steve Schenker | Telephone No. 609 758-3365 | Telephone No. 609-758-3365 | License No. 00394 | | | | | | |
| Start Date (10) 3-13-12 | Scheduled Completion Date (11) 3-14-12 | Name of OSHA Monitor EPC Technologies, Inc | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address P.O. Box 337 | | | | | | | |
| | | City, State, Zip Code New Egypt NJ 08533 | | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior Walls | | | X | Siding Shingles | 1600/1800 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler EPC Technologies | | NJDEP Waste Hauler ID No. 17000 | Cubic Yards of Waste 10 | Name of Registered Landfill Waste Management | | | | | |
| City, State NE NJ | | Disposal Date 3-14-12 | City, State Monroville PA | | | | | | |
| Completed by Steve Schenker | | Title President | Signature Steve Schenker | | | | Date 3-2-12 | | |

ATTN: TOM VOORHEES

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | |
|---|--|--|--|
| Date of Notification (1) <u>3/2/12</u> | | Name of Building Owner/Operator (2) <u>WM. HARGROVE CO.</u> | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> Derr <input checked="" type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <u>1507 STATE ST.</u> | |
| | | City, State, Zip Code <u>CAMDEN, N.J.</u> | |
| | | Name of Contact <u>SIAME</u> | Telephone Number |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>RES. DENCE</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address <u>107 N. 34TH ST.</u> | | Square Feet <u>1000</u> | # of Floors <u>1</u> |
| City (5) <u>CAMDEN</u> | | Bldg Age <u>40+</u> | |
| County (6) <u>CAMDEN</u> | | Country Code (7) (STATE USE ONLY) | Current Use (Prior to being demolished) <u>VACANT</u> |
| Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u> | | ASCM No. | Name of Abatement Contractor (9) <u>KLEMM INC.</u> |
| Street Address | | Street Address <u>369 S. SPRUCE AVE</u> | |
| City, State, Zip Code | | City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u> | |
| Project Manager for Monitoring Firm | | Telephone No. <u>756-771-0472</u> | License No. <u>00444</u> |
| Start Date (10) <u>3/7/12</u> | | Scheduled Completion Date (11) <u>3/14/12</u> | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Name of OSHA Monitor <u>JOSEPH KLEMM</u> | |
| | | Street Address <u>369 S. SPRUCE AVE</u> | |
| | | City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u> | |
| Scope of Work (Check all that apply) | | | |
| <input checked="" type="checkbox"/> 23.5' or 23.11' <input checked="" type="checkbox"/> 23.6' or 23.60' | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> NIA <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Enable Procedure | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u> | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u> | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) <u>1700</u> |
| | | <u>TRANSITE</u> | <u>X</u> |
| Name of Registered Waste Hauler <u>KLEMM INC.</u> | NJDEP Waste Hauler ID No. <u>12904</u> | Cubic Yards of Waste <u>5</u> | Name of Registered Landfill <u>G. R. O. W. S.</u> |
| City, State <u>MAPLE SHADE, N.J.</u> | Disposal Date | City, State <u>MORRISVILLE PA.</u> | |
| Completed By <u>JOE KLEMM</u> | Title <u>OWNER</u> | Signature <u>Joseph Klemm</u> | Date <u>3/2/12</u> |

Do not use this form for asbestos abatement exempted activities

Check 8134

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

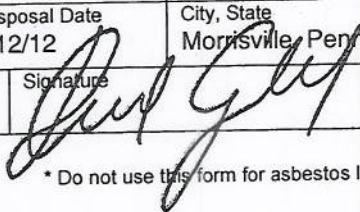
| | | | | | | | |
|--|--|---|---|--|-----------------------|---------|--------|
| Date of Notification (1) 3-2-12 | | Name of Building Owner/Operator (2) Franchi Demolition Inc. | | | | | |
| Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address P.O. Box 734 | MAR 6 2012 | | | | |
| | | City, State, Zip Code Camden NJ 08101 | CONTROL & | | | | |
| | | Name of Contact Mark Franchi | Telephone Number [REDACTED] | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Duplex Dwelling (Fire Damaged) | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| Street Address 722/724 Wheaton AVE | | | | | | | |
| City (5) Millville NJ 08332 | | Square Feet | # of Floors 2 | | | | |
| | | Bldg. Age 60+- | | | | | |
| County (6) | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Duplex Dwelling | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies | | ASCM No. N/A | Name of Abatement Contractor (9) EPC Technologies, Inc. | | | | |
| Street Address P.O. Box 337 | | Street Address P.O. Box 337 | | | | | |
| City, State, Zip Code New Egypt NJ 08533 | | City, State, Zip Code New Egypt NJ 08533 | | | | | |
| Project Manager for Monitoring Firm Steve Schenker | | Telephone No. 609-758-3365 | License No. 00394 | | | | |
| Start Date (10) 3-14-12 | Scheduled Completion Date (11) 3-31-12 | Name of OSHA Monitor EPC Technologies, Inc. | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address P.O. Box 337 | | | | | |
| | | City, State, Zip Code New Egypt NJ 08533 | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) 2400 SF | Abatement Type | | |
| | Yes | No | | | N/A | Removal | Repair |
| Exterior Walls | | | x Siding Shingles | | x | | |
| | | | | | | | |
| | | | | | | | |
| Name of Registered Waste Hauler EPC Technologies | | NJDEP Waste Hauler ID No. 17000 | Cubic Yards of Waste 12 | Name of Registered Landfill Waste Management | | | |
| City, State NE NJ | | Disposal Date 3/31/12 | | City, State Morrisville PA | | | |
| Completed by Steve Schenker | | Title President | Signature Steve Schenker | | Date 3-2-12 | | |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | | | | | | | |
|--|---|--|--|---|---------------------------|-----------------------|--------|-------------|-----------|
| Date of Notification (1) March 1st, 2012 | | Name of Building Owner/Operator (2) Trevcon Construction Inc. | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address .30 Church Street | | | | | | | |
| | | City, State, Zip Code Liberty Corner, NJ 07938 | | | | | | | |
| | | Name of Contact Mr. Ron Treveloni | | | | | | | |
| | | Telephone Number _____ | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Trevcon Construction Inc. | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 101 Lower Main Street | | Square Feet 400SF | # of Floors 50+ | | | | | | |
| City (5) South Amboy, | | Bldg. Age 50+ | | | | | | | |
| County (6) MIDDLESEX | | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Floating Barge | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) CSA CONSULTING SERVICE AMERICA | | ASCM No. _____ | Name of Abatement Contractor (9) SLAVCO CONSTRUCTION INC. | | | | | | |
| Street Address 26 LORENZO COURT | | Street Address 164 GETTY AVE. | | | | | | | |
| City, State, Zip Code MATAWAN, NEW JERSEY 07747 | | City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802 | | | | | | | |
| Project Manager for Monitoring Firm Mr. Michael G. Chain | | Telephone No. 732-921-9223 | Telephone No. 973-478-4848 | | | | | | |
| License No. 00724 | | | | | | | | | |
| Start Date (10) March 12th, 2012 | Scheduled Completion Date (11) March 30th, 2012 | Name of OSHA Monitor SLAVCO CONSTRUCTION INC. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00am-4:30pm Monday-Friday | | Street Address 164 GETTY AVE. | | | | | | | |
| | | City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Main Deck | | x | | Tank Insulation | 285SF | x | | | |
| Main Deck | | X | | Pipe Insulation | 66LF | x | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Slavco Construction Inc. | | NJDEP Waste Hauler ID No. 18508 | Cubic Yards of Waste _____ | Name of Registered Landfill G.R.O.W.S LANDFILL | | | | | |
| City, State CLIFTON, NEW JERSEY 07011-1802 | | | Disposal Date TBD | City, State MORRISVILLE, PA | | | | | |
| Completed by VIVIAN D. JURCEVIC | | Title ADM. ASSIST. | Signature <i>Vivian D. Jurcevic</i> | | | Date MARCH 1, 2012 | | | |

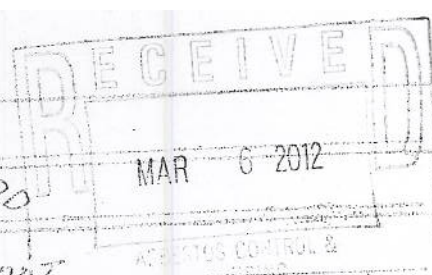
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CL# 1797

| | | | | | | | | | |
|--|---|---|---|--|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) 03/01/12 | | Name of Building Owner/Operator (2) Halina Scieslicki | | | | | | | |
| Agencies Notified | Type Notification | Street Address 397 River Drive | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| | | Name of Contact Halina Scieslicki | | | | | | | |
| | | Telephone Number _____ | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 397 River Drive | | Square Feet 3,000 | # of Floors 3 | | | | | | |
| City (5) Garfield | | Bldg. Age 50+ | | | | | | | |
| County (6) Bergen | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Pyramid Contracting Corp. | | | | | | |
| Street Address | | Street Address 163 Sargeant Avenue | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Clifton, NJ 07013 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-689-6281 | License No. 01099 | | | | | | |
| Start Date (10) 03/11/12 | Scheduled Completion Date (11) 03/11/12 | Name of OSHA Monitor J&S Environmental Laboratories LLC | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 2333 Route 22 West | | | | | | | |
| | | City, State, Zip Code Union, NJ 07081 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | | X | Pipe Insulation | 75 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Pyramid Contracting Corp. | | NJDEP Waste Hauler ID No. 32613 | Cubic Yards of Waste 1 | Name of Registered Landfill G.R.O.W.S., Inc. | | | | | |
| City, State Clifton, New Jersey | | Disposal Date 3/12/12 | | City, State Morrisville, Pennsylvania | | | | | |
| Completed by Dimo Golcev | | Title General Manger | Signature  | Date 03/01/12 | | | | | |

1590

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | | | | | | | | | |
|--|--|---|--|---|--|--|--|--|--|--|--|
| Date of Notification (1) 3-2-12 | | Name of Building Owner/Operator (2) FOREFRONT | | Street Address 41 RIDGE RD | | City, State, Zip Code Rumson, NJ | | Name of Contact MATT | | Telephone Number [REDACTED] | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) FOREFRONT HOMES Street Address 41 RIDGE RD City (5) Rumson County (6) newmooth County Code (7) (STATE USE ONLY) RESIDENCE | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) FOREFRONT HOMES Street Address 41 RIDGE RD City (5) Rumson County (6) newmooth | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | Square Feet 2000 | | # of Floors 1 | | Bldg. Age 50 | | Current Use (Prior if being demolished) RESIDENCE | |
| Name of Monitoring Firm Hired by Building Owner (8) ACE INSULATION CO INC Street Address 95 MONTROSE RD City, State, Zip Code COLTS NECK NJ 07722 | | ASCM No. 3322941757 | | Name of Abatement Contractor (9) ACE INSULATION CO INC Street Address 95 MONTROSE RD City, State, Zip Code COLTS NECK NJ 07722 | | Telephone No. 3322941757 | | License No. 00029 | | Name of OSHA Monitor ACE INSULATION CO INC Street Address 95 MONTROSE RD City, State, Zip Code COLTS NECK NJ 07722 | |
| Project Manager for Monitoring Firm 3-11-12 | | Scheduled Completion Date (11) 3-15-12 | | Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM - 7PM | | Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovobag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | Abatement Type Removal Repair Encapsulate Enclose | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) OUTDOORS | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A Yes | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) SIDING | | Amount (Specify SF or LF) 2400 SF | | Name of Registered Landfill GROWS City, State Tullytown PA | | Disposal Date 3-15-12 | |
| Name of Registered Waste Hauler ACE INSULATION | | NJDEP Waste Hauler ID No. 12086 | | Cubic Yards of Waste 3 | | Name of Registered Landfill GROWS City, State Tullytown PA | | Disposal Date 3-15-12 | | Signature Jack GALL | |
| City, State Colts Neck NJ | | Completed By Jack GALL | | Title OPS MGR | | Date 3-2-12 | | Signature Jack GALL | | Date 3-2-12 | |

ASB-41

* Do not use this form for asbestos licensure exempted activities.

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STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

| | | | |
|---|---|--|---|
| Date of Notification (1) 03/2/2012 | | Name of Building Owner/Operator (2) Shafiw A. Khan and Shaista A. Khan | |
| Agencies Notified () EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA | Notification Type (X) Initial Notification () Amended Certification (X) Emergency Notification (including justification) () Cancelled | Street Address 524-31 st City, State, Zip Code Union City, NJ 07087 Name of Contact Anthony Goncalvez Tel. Number | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential Property | | Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) | |
| Street Address 3360 Kennedy Blvd. | | Sq. Feet: 2000 # of Floors 2 Bldg. Age 50 | |
| City (5) Jersey City, NJ | County (6) Hudson | County Code (7) (State Use Only) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) N/A | | Name of Contractor (9) ISES, Inc. | |
| Street Address N/A | | Street Address 3300 Hudson Avenue | |
| City, State, Zip Code N/A | | City, State, Zip Code Union City, NJ | |
| Project Manager for Monitoring Firm David Camacho | | Telephone Number (201) 325-0055 | License Number 01124 |
| Scheduled Start Date (10) 03/03/2012 | | Name of OSHA Monitor ISES, Inc. | |
| Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe: | | Street Address 3300 Hudson Avenue | |
| | | City, State, Zip Code Union City, NJ 07087 | |
| Source of Work (Check all that apply) | | | |
| <input checked="" type="checkbox"/> ≥ 3 SF or ≥ 3 LF <input type="checkbox"/> ≥ 160 SF or ≥ 260 LF <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) Basement | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA X | Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscous.) Pipe TSI | Amount (Specify SF or LF) 120 LFT Abatement Type Rem. Rep. Encap. Enclose X |
| Name of Reg. Waste Hauler Vision Transport | NJDEP Waste Hauler ID # 22393 | Cubic Yards of Waste 10 | Name of Reg. Landfill Cumberland County Landfill |
| City, State 2 Fish House Road, Kearny, NJ 07032 | Disp. Date 03/03/2012 | City, State Newburg, PA 17242 | |
| Completed by (Print or Type) David Camacho Walsh | Title General Manager | Signature | Date 03/02/2012 |